

The Federal Employees Health Benefits Program Open Season for 2004

November 10th to December 8th

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UNITED STATES OFFICE OF PERSONNEL MANAGEMENT



- Largest employer sponsored health benefit program in USA
- Over 205 commercial health plan options available
- 26 billion dollars in premiums annually
- Provides coverage to about 8.3 million civilian Federal employees, retirees, and their families

- Coverage can be tailored to meet your health needs annually
- Annual opportunity (Open Season) to enroll in a health benefits plan or change plan or option
- Health plans have group-rated premiums

- Government contributes up to 75% of the premium
- Coverage without medical examination or restrictions because of age, current health or pre-existing medical conditions
- Guaranteed protection that can't be canceled by the health plan
- Carry coverage into retirement

When Medicare is the primary payer, FEHB health plans pay for Medicare Parts A&B deductibles and coinsurance

- Coverage for services that Medicare does not cover:
 - Prescriptions
 - Preventive care
 - Emergency care outside the United States
 - Extensive behavioral health services
- Some plans cover dental or vision

Types of Health Plans

- Fee-For-Service (FFS) plans reimburse you or your health care provider for covered services
 - Coinsurance
 - Deductible
- See any provider
- Typically higher out-of-pocket costs than HMO

Types of Health Plans

- Health Maintenance Organizations (HMO) provide comprehensive coverage that is prepaid by the premium
 - Copayments
 - Networks
- Must see network providers and obtain referrals
- Lower out-of-pocket costs than FFS

How FFS and HMOs Differ

- FFS
- Pay claims
- Free to chooseMust use providers
- Coinsurance and deductibles • Copayments

- HMO
- Provide care
- network providers

Plans Offering a Point-of-Service (POS) Option:

HMO with POS

FFS with POS

Preferred Provider Options

- Incorporated into our FFS plans
- Lower member cost sharing if you use network providers
- Health plans negotiate discounts with network providers
- No need for HMO type referrals

Consumer Directed

- PCA to use for network or nonnetwork services prior to traditional coverage (e.g., \$1000 self/\$2000 family)
- Preventive care covered at 100% in-network only
- Once the PCA is used, member is responsible for \$600 self/\$1200 family

Consumer Directed

- After member responsibility is paid traditional coverage begins (network 90%/ non-network 70%)
- Offered by one FFS and Two HMO Plans
- APWU is nationwide
- New for this year: Aetna, Humana available in 12 states

What are Deductibles, Coinsurance and Copayments

Deductible:

 A fixed amount of covered expenses you must pay before the health plan starts paying

Coinsurance:

 A percentage of the plans allowance you must pay for covered services

Copayment:

 A fixed amount of money you pay for covered services

Premium Conversion

- Pay health insurance premiums with pre-tax dollars
- Salary is reduced by the amount of your premiums
- Reduces base salary for determining most State, Federal, Social Security, and Medicare taxes - saves employees \$\$\$



- Applies to employees, but not annuitants
- IRS tax law requires the benefit be done through salary reductions
- Annuitants technically don't get salary, so at this time, they don't qualify
- Employees are automatically enrolled unless they waive enrollment during Open Season



- Employees cannot change mid-year unless change is consistent with a Qualifying Life Event (QLE)
- QLEs are listed on SF2809 and posted on the web (e.g., child reaches age 22, eligible for Medicare)
- Annuitants can reduce coverage at any time – do not participate in Premium Conversion

Eligible To Enroll

- Employees unless position is excluded from coverage
- Annuitants who retire on immediate annuity and covered for 5 years prior to retirement or from first opportunity
- Survivors if enrolled in Self and Family and eligible for survivor annuity
- Former Spouses if covered within last 18 months and entitled to portion of annuity, can't remarry before age 55

Eligible Family Members

- Unmarried dependent children under age 22
 - adopted child
 - recognized natural child
 - stepchild or foster child living in a parent child relationship with the employee
 - children with a mental or physical handicap that began before age 22



Mental Health and Substance Abuse Parity

- President directed OPM to Offer Mental Health and Substance Abuse Parity
- Equalized cost sharing e.g., copays, coinsurance, deductibles
- Equalized benefit day and visit limits
- Required Parity to be offered in plan networks only



- Initial concerns expressed over use of managed care to deliver benefits
- FFS enrollees were not use to managed networks - some had to change providers
- Initial concerns have subsided
- FEHB now offers an unprecedented level of Mental Health and Substance Abuse benefits



- President asked OPM to implement consumer protections by year 2000
- OPM worked with health plans over two years to implement:
 - Greater access to specialists and emergency services
 - More information from health plans and providers to make informed health care decisions



- July 1st OPM offers FSAs for health care and dependent care expenses
- Allotments from salary are made with pre-tax dollars
- Reduces base salary for determining most State, Federal, Social Security, and Medicare taxes - saves employees \$\$\$



Health Care Flexible Spending Arrangements

- Allotments cannot be less than
 \$250 or more than \$3,000 per year
- Can use money to pay for health care expenses not covered by health insurance
 - Copays, coinsurance, deductibles
 - Non-covered services e.g., vision and dental

Employee or Family Member Loses Private Employer Coverage

- You do not have to wait until Open Season to make a change
- Can go from:
 - Not enrolled to enrolled
 - Self-Only to Self and Family
 - One plan or option to another
- Enroll from 31 days before to 60 days after loss of coverage

OPM Quality Assurance Standards

- Mandatory quality assurance standards for health plans
- Health plans required to provide compliance reports annually
- Non-complying plans required to present a corrective action plan
- Plans are penalized for not meeting standards

OPM Quality Assurance Standards

- Quality Standards include:
 - Accuracy of payments and recovery of overpayments
 - Timeliness of payments to beneficiaries
 - Quality of service and responsiveness to beneficiaries
 - Quality of service and responsiveness to OPM

Disputed Claims Process

Plan Reconsideration

- Enrollee can ask plan to reconsider initial denial
- Plans must give written explanation for denial; or ask for additional information within 30 days
- Plan then has 30 days to make its decision

Disputed Claims Process

OPM Appeal

- If plan's decision is unfavorable, or not provided within 30 days, enrollees may request an OPM review
- OPM uses in-house staff and outside medical consultants to review appeals
- OPM has both statutory and contractual authority make the final decision



- Two new Consumer Directed health plans offered by Humana and Aetna in 22 states
- Added 17 new health plans this year
- Added 8 new standard options to existing plans
- Added 9 new service areas to existing plans
- Check "Guide to Federal Employees Health Benefits Plans" for changes in your area

Long-Term Care and FEHB

- Long-Term Care (LTC) is custodial in nature and is not covered by your FEHB health plan
- Custodial care is help in performing the activities of daily living such as:
 - Eating, bathing or getting dressed

Long-Term Care and FEHB

- LTC is also care you would need for a cognitive impairment e.g., Alzheimer's
- FEHB provides medically skilled care only

Long-Term Care and FEHB

- LTC insurance will provide benefits for:
 - care in an assisted living facility
 - care in your home
 - adult day care
 - hospice care

2004 Premium Increase Compared to Last Year

2004 10.6 percent

2003 11.1 percent

2004 FEHB Premium Trends

- Overall (weighted) average increase is 10.6%
 - Fee-for-Service plans are up 10.7%
 - -HMOs are up 9.9%
- Smaller increase than industry trends

Premium Increase Breakdowns

Increased drug costs	3.3%
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Use, technology, and

medical inflation 8.2%

Demographics (age/sex) 0.9%

Benefit Changes -0.6%

Choice (plan movement) 0.6%

Industry Premium Trends

- Hay Group health consulting found health premiums rose an average of 15% this year, even after benefit reductions
- CalPERS, the second-largest employer purchaser after FEHB, announced increases of up to 18.4%

Contributors to 2004 FEHB Premium Increase

- Patient demand for access to the latest technology, top hospitals, and more choice
- Doctors and hospitals gaining higher reimbursements from health plans
- Increasingly older population
- Rise in the cost and utilization of pharmaceuticals

Prescription Drug Cost Controls

- Formulary list of cost effective drugs (rebates/manufacture discounts)
- Three-tiered structure:
 - \$5 generic formulary
 - \$15 brand formulary
 - \$30 non-formulary

Mail Order Prescription Drug Programs

- If doctor orders more than 30 day supply of medication
- Convenience of home delivery
- Greater quantity at lessor cost
 - \$5 per 30 day supply from retail pharmacy
 - Mail order: 31-90 day supply of prescription drugs for \$10

Dental Care

- FEHB places a priority on a comprehensive range of medical, surgical, hospital, and pharmacy services
- Looking at the possibility of legislative changes to directly contract for services

Dental Care

 Can use Health Care FSA to pay for non-covered dental services

 Some plans offer dental benefits through the FEHB Program

Dental Care

- Other plans offer stand alone dental programs on their non-FEHB benefit page
 - Anyone can join
 - Pay premium directly to dental provider

FEHB Suspension For TRICARE or CHAMPVA

- Final regulation effective June 18th 2002
- FEHB annuitants, survivors, and former spouses can suspend their enrollments for:
 - CHAMPVA, TRICARE, or TRICARE-for-Life (Must be over age 65 and have Medicare A and B)

FEHB Suspension For TRICARE

- Can re-enroll in an FEHB health plan at the next Open Season; or right away if CHAMPVA or TRICARE coverage ends involuntarily
- Annuitants call 1.888.767.6738 for a suspension form

Five Year Participation Requirement

- To qualify for FEHB coverage during retirement, an employee must:
 - have been enrolled in the FEHB Program for 5-years prior to retirement, or
 - for all service in which the employee was eligible for FEHB coverage
- TRICARE counts but employee must be enrolled in FEHB at retirement

- 9 Plans terminating at year-end
- About 16,843 enrollees need to select new health plans
- Represents less than 1% of FEHB enrollees
- Plans leave due to mergers, low enrollment, and non-competitive rates

- Cigna HealthCare of California (CA)
- AvMed Health Plan of North Florida (FL)
- The Wellness Plan (MI)
- Healthguard of Lancaster (PA)
- Health Net of Pennsylvania (PA)

- HealthSpring (TN)
- PacifiCare of Washington (WA)
- Group Health Cooperative of Eau Claire (WA)
- Alliance Health Benefit Plan

- Federal personnel offices have been notified and should be encouraging enrollees to select new plans during Open Season
- Plans are required to send letters to enrollees informing them to select new plans during Open Season
- Check the 2004 Guide to FEHB Plans to see if your plan is listed

Open Season

- Open Season 11/10/03 through 12/8/03
- During this period you can:
 - enroll
 - change plans or options
 - change from Self-Only coverage to Self and Family coverage
 - change from Self and Family to Selfonly coverage

Employee Express

- The Department of Justice is eligible
- You can make changes by touch-tone phone, touch-screen kiosk, or through the Internet
- You can change most "discretionary" personnel and payroll transactions, including your:
 - Financial allotments
 - Savings bonds

Employee Express

- Health benefits
- Thrift Savings Plan (TSP)
- Direct deposit
- Federal and state tax withholdings
- Your home address
- Combined Federal Campaign (CFC)
- Your Employee Express PIN

Employee Express

- New! -- You can also get a copy of your Leave and Earnings Statement for the current pay period and two previous pay periods.
- You can't change your life insurance on Employee Express
- You can reach the Employee Express Help desk by phone at 478-757-3030 or email at EEXHELP@opm.gov.

When Will Open Season Changes Become Effective?

- Open Season changes are effective on:
 - January 1, 2004, for annuitants
 - The first day of the first full pay period in January 2004 for most employees

Can I Make an Enrollment Change During the Year?

- Yes when you have life-changing event:
 - child is born
 - attain a foster child or stepchild
 - get married
 - spouse loses other coverage
 - move from an HMO service area

How Do I Enroll or Change Plans During Open Season?

- Review the 2004 Guide to FEHB Plans - Compare:
 - benefits
 - costs
 - accreditation status
 - survey results
- Use the Guide to focus your search



- Review copies of Plan brochures
- Choose plans that meet your families health care needs - consider costs
- Fill out SF 2809 with your plan selection and submit to your personnel office
- Some personnel offices have electronic enrollment e.g., Employee Express

Factors to Consider When Selecting an FEHB Plan

- Compare the cost and benefits of other plans to your current coverage
- Compare your families health needs to plan benefits
- Compare dental and vision programs
- Consider quality indicators
- Check the location of providers and facilities for accessibility



- Cost of office visits
- Prescription drug benefits
- Cost for emergency and urgent care services
- Compare mental conditions and substance abuse benefits
- Consider you travel habits

Comparing Benefits, Costs, and Quality

- Information on our web site is produced by OPM
- Results from benefit and rate negotiations with health plans
- CAHPS Customer satisfaction survey results
- Reviews by private accrediting organizations - NCQA, JCAHO, URAC

Open Season Website www.opm.gov/insure

- FEHB Program information
- Plan Comparisons:
 - State-by-state Plan listings
 - Benefits, rates, and quality information on Plans
- Download Guides and Plan brochures

Open Season Website www.opm.gov/insure

- Links to websites for health plans, quality organizations, and other insurance sites
- Instructions on how to enroll
- SF 2809 "Fillable"
- Link to Employee Express
- Brochure change pages

Open Season Website www.opm.gov/insure

- NCQA Health Plan Report Card
- Information on FEHB and Medicare Parts A and B
 - Medicare Q&As
 - Coordination of Medicare and FEHB benefits



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